Name in Full | Certificate of Death

Myrtle May Barker

Died at Town: Brunswick | County: Frederick | MARYLAND

Date 1899 | Month: Mar | Day: 20 | Age Y. M. D.: 7 | Native of: American | Occupation: none

~~Male~~ | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

Female | ~~Colored~~ | Single | ~~Widower~~ | Number of children living 3

Husband / Wife of

Father's Name: Farmer Barker | Mother's Name: Carrie Barker

Cause of Death: Primary: Pneumonia 72 | How long sick: 9 days

Immediate: Heart failure | ~~Accident, Suicide, Homicide~~

Reported by: A. G. Horine M D

Address: Brunswick Maryland

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65863

Received 3. 31. 99 –
2 p.m

Name in Full Lydia Ann Beall - Certificate of Death

Died at Town Mt. Pleasant County Frederick MARYLAND

Date 1899 Month March Day 2 Age Y. 66 M. D. Native of Md. Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 2

~~Husband~~ Wife of John Beall

Father's Name John T. Berry Mother's Name Angeline Gue

Cause of Death: Primary Pneumonia 72 How long sick 39 days

Immediate Phthisis

~~Accident~~, ~~Suicide~~, Homicide

Reported by H. H. Leib M.D.

Address Mt. Pleasant. Fred'k. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs Ann Belson

Certificate of Death

Died at Town Frederick County " MARYLAND

Date 1899 Month 3 Day 23 | Age Y. 68 M. D. | Native of Md | Occupation H.K.

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living

Husband / Wife of X

Father's Name X

Mother's Name X

Cause of Death: Primary Phthisis Pul. 9 2 a

Immediate Apnoea.

How long sick 1 year

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C. F. Goodell M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

~~Name in Full~~ Certificate of Death

Still Born female child Biser

Died ~~at~~ Town near Middletown County Frederick MARYLAND

Date 189 9 Month Mch Day 10 Age Y. M. D. Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name Chas C Biser Mother's Name Carrie M Biser

Cause of Death { Primary Transverse presentation } : Still Born ~~How long sick~~

Immediate Loss of placental Circulation } ~~Accident, Suicide, Homicide~~

Reported by E L Beckley M D.

Address Middletown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Wm. T. Mack (Undertaker)

Name in Full | Certificate of Death

Miss Margaret Bowling

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: March Day: 21 Age Y. M. D.: 17- Native of: Chas. County Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name: John Bowling Mother's Name:

Cause of Death: Primary: Acute Bright's disease 96 How long sick: 10 days

Immediate: Accident, Suicide, Homicide

Reported by: F. F. Smith

Address: 40 East 2d St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Infant Boyer

Died at Town: Brunswick County: Frederick MARYLAND

Date 1899 Month: March Day: 14 | Age Y. M. D. | Native of: Md | Occupation

Male | White | ~~Married~~ | Widow | Divorced

~~Female~~ | ~~Colored~~ | Single | Widower | Number of children living

Husband / Wife of

Father's Name: Robt L. Boyer | Mother's Name: Carrie Belle Boyer

Cause of Death: Primary: Leguminous | How long sick

137

Immediate | Accident, Suicide, Homicide

Reported by: Fisk Elgin M.D.

Address: Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEBRD

Received - 3 - 14, 99
8.50 A.M

Name in Full: Thomas Truman Brown.

Certificate of Death

Died at: Town: Foxville County: Frederick MARYLAND

Date 1899 Month: May Day: 17 | Age Y. 8 M. 1 D. 29 | Native of: Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

396

Father's Name: Hesakiah Brown

Mother's Name: Catherine Kinna.

Cause of Death: Primary: Cerebro Spinal Meningitis

Immediate

How long sick: 6 weeks

~~Accident, Suicide, Homicide~~

Reported by: Morris A. Birely

Address: Thurmont Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828

Attended by Dr. S. Hiram Buhrman + M.A. Brieley

of Foxville Md. + Thurmont Md.

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full — Certificate of Death

Ella C. Burns

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 189 — Month: 3 — Day: 12 — Age: Y. 14 M. — D. — Native of: Md — Occupation:

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — Widow / Widower — ~~Divorced~~ / Number of children living

Husband / Wife of

Father's Name: Daniel Burns — Mother's Name: Barbara Burns

Cause of Death — Primary: Phthisis Pulmonalis — How long sick: four years

Immediate: Asthenia — 22d

~~Accident, Suicide, Homicide~~

Reported by: Dr. Wm. Crawford Johnson

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Sallie Chase

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month Day Mar 4 Age Y. 55 M. x D. x Native of Frederick Occupation H K

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife X X X X

Father's Name X X Mother's Name X 57 X

Cause of Death Primary Hypertrophy & dilatation of heart How long sick 6 months

Immediate Exhaustion Accident, Suicide, Homicide

Reported by W. A. Long M.D.

Address 45 S. Market Street, Md. Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: William Cherry

Certificate of Death

Died at: Ult St Mary's College (Town) Frederick (County) MARYLAND

Date 1899 Month 3 Day 6 | Age Y. 16 M. D. | Native of Wilmington Delaware | Occupation student

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

Husband / Wife of

Father's Name

Mother's Name 74

Cause of Death: Primary Congestion of lungs; Immediate Inflammation of bowels

How long sick

Accident, Suicide, Homicide

Reported by John B. Brawner MD

Address Cuntsburg Md [redacted] . 4-25 & 5-29

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 66969

12

Name in Full Howard G. Chiswell

Certificate of Death

Died at Town New London County Fredk MARYLAND

Date 189 9 Month 3 Day 28 Age Y. 74 M. D. Native of Md Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of

Father's ~~Name~~

Mother's Name 152a

Cause of Death Primary

Immediate result of

How long sick 6 hours

Accident, ~~Suicide, Homicide~~

Reported by J W Downey MD

Address New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

James M. Clark

Died at Town: Eyler P. O. County: Frederick MARYLAND

Date 189 Month: March Day: 26 | Age Y.: 64 M.: 7 D.: 17 | Native of: Maryland | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 10

Husband ~~Wife~~ of Margret Slaybaugh

Father's Name: Emanuel Slaybaugh | Mother's Name: Susan Hockensmith

Cause of Death — Primary: Dropsy & Heart Decay | How long sick: 6 weeks

Immediate: 57 | ~~Accident, Suicide, Homicide~~

Reported by W. F. Shuff Undertaker

Address W. F. Shuff

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79818

Certified by Dr. Charles Wachter

of Sabillsville MD

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full Ezra Clem

Certificate of Death

Died at near Town Woodsboro County Frederick MARYLAND

Date 189 9 Month 3 Day 13 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 2

Husband of Wife

Father's Name Mother's Name

Cause of Death: Primary Paralysis 44 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Carroll Record Tony Town

Address 3-25

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Rev. Asper,
Utica, Ms

Name in Full

Carrie Covell

Certificate of Death

Died at Town Frederick County Do MARYLAND

Date 1899 Month Mar Day 28 Age Y. 1. M. 1. D. 21 Native of Frederick Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

Husband of Wife —

Father's Name J. F. Covell

Mother's Name Elizabeth Eswarthy

Cause of Death Primary Pneumonia with Whooping Cough

Immediate Carbonic acid poisoning

How long sick

~~Accident, Suicide, Homicide~~

Reported by Latmer

Address 17 E 2nd St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

[signature]

LIBRARY BUREAU. 65968

Interment at
Mt Carmel
Mar 29th 99
A. F. Richardson

Name in Full | Certificate of Death

Cramer

Died at Town Frederick County " MARYLAND

Date 1899 Month 3 Day 5 | Age Y. M. D. | Native of Md | Occupation x

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow Widower | ~~Divorced~~ Number of children living

Husband of Wife +

Father's Name Harry Cramer | Mother's Name Lucy Schroeder

Cause of Death: Primary Premature Birth | Immediate | How long sick | Accident, Suicide, Homicide

138

Reported by C. F. Goodell M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Infant of Geo. T. Day

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1897 Month 3 Day 30 Age Y. x M. x D. x Native of Frederick Occupation x x x x

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife x x x x x

Father's Name Prof. G. T. Day

Mother's Name Florence Carroll

Cause of Death Primary Immediate Still born

~~How long sick~~

~~Accident, Suicide, Homicide~~

Reported by W. A. Long M.D.

Address 15 S. Market Street Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Joseph Devilbiss

Certificate of Death

Died at Town Graceham County Frid'k MARYLAND

Date 1899 Month May Day 15 Age Y. 61 M. 1 D. 1 Native of County Occupation Farmer

Male white ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

Husband of Wife ~~Wife Head~~

Father's Name Joseph

Mother's Name Caroline Stauffer.

Cause of Death

Primary Diarrhoea (Chronic) & Rheumatism

Immediate Pyaemia 14

How long sick 1 year

Accident, Suicide, Homicide

Reported by Morris A Birely

Address Thurmont Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Attended by Dr. M H Brick

of Thurmont

Seen by Coroner ——

of ——

Information contained in this certificate received from Do.

Name in Full Margaret M Donald

Certificate of Death

Died at Town Frederick County Fredk. MARYLAND

Date 1899 Month 3 Day 26 Age Y. 57 M. D. Native of Occupation Milliner

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of James Donald Frederick Md

Father's Name Mother's Name

Cause of Death Primary La Grippe 9 How long sick 3 mos

Immediate Heart Disease ~~Accident, Suicide, Homicide~~

Reported by Ney P. Fahrney MD

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU. 65968

C. C. Carty
Baltimore
3/29 90

Name in Full

Certificate of Death

Augusta A. Ecker

Died at Near Town Oak Orchard County Frederick MARYLAND

Date 189 9 Month March Day 11th Age Y. 58 M. 5 D. 19 Native of Frederick Co Occupation Housekeeper

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number~~ of children living 8

~~Husband~~ Wife of William Ecker

Father's Name Levi Barnes

Mother's Name Susan Barnes

Cause of Death { Primary Strangulated Hernia

Immediate

How long sick 3 days

~~Accident, Suicide, Homicide~~

Reported by Maynard Whitmore

Address Unionville Md Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Meta Bruce Fry

Certificate of Death

Died at: Town: Point of Rocks County: Md. MARYLAND

Date 1899 Month: Mar Day: 8 Age Y. M. D.: 9. 23 Native of: Md Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Frank S. Fry Mother's Name: Annie Davis.

Cause of Death: Primary: Pertussis 7 — How long sick: Three weeks

Immediate: Broncho-pneumonia — Accident, Suicide, Homicide

Reported by: T. B. Johnson M.D.

Address: Adamstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full Miss. Laura J. Grove

Certificate of Death

Died at Town Broad Run County Frederick MARYLAND

Date 189 9 Month 3 Day 12 | Age Y. 0 M. 0 D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Geo. Grove

Mother's Name

Cause of Death: Primary La Grippe 9 — How long sick

Immediate complications of disease — Accident, Suicide, Homicide

Reported by Brunswick Herald 3-17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7889H

Name in Full — Certificate of Death

Annie L. Haller

Died at Town: Frederick — County: Frederick — MARYLAND

Date 189 — Month: 3 — Day: 14 — Age: Y. 65 M. D. — Native of: Md — Occupation: ———

~~White~~ / Colored — ~~Married~~ / Single / Widow / Widower / Divorced — Number of children living

Husband / Wife of ———

Father's Name: Samuel Haller — Mother's Name: 22a

Cause of Death — Primary: Phthisis Pulmonalis — How long sick: many years

Immediate: Asthenia — ~~Accident, Suicide, Homicide~~

Reported by Dr. Wm. Crawford Johnson

Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Mt Olivet Cemetery

March 16 1899

Clebarty F.D.

Name in Full

Mollie Haller

Certificate of Death

Died at Town Bartonsville County Frederick MARYLAND

Date 1899 Month Mar Day 18 Age Y. 28 M. D. Native of Frederick Co. Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ ~~Wife~~ of Robert Haller

Father's Name Jno Esworthy Mother's Name Elizabeth Esworthy

Cause of Death Primary Tubercular Laryngitis 22E How long sick 9 months

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Labruck M.D.

Address 17 E 2nd St Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full | Certificate of Death

Susan M. Haller

Died at Town: Araby | County: Frederick | MARYLAND

Date 1899 Month: 3 Day: 13 | Age Y.: 65 M.: 1 D.: 20 | Native of | Occupation

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name | Mother's Name 81

Cause of Death: Primary: Catarrh of Stomach | How long sick: 4 yrs

Immediate: Inanition | ~~Accident, Suicide, Homicide~~

Reported by: Hoy P Fahrney M D

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs. Hardin

Certificate of Death

Died at Town Knoxville County Frederick MARYLAND

Date 1899 Month 3 Day 22 Age Y. 73 M. D. Native of Occupation

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Brunswick Herald 8-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Rev. J. M. Gillum, Brunswick

Kingsville Cemetery

Name in Full

Certificate of Death

William W Kilgore Heard

Died at Town Frederick County do MARYLAND

Date 1899 Month Mar Day 12 Age Y. 40 M. D. Native of Frederick Occupation Tailor

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of Annie Heard.

Father's ~~Name~~ Wm Heard

Mother's Name Maria Heard

Cause of Death Primary Pulmonary Tuberculosis How long sick 3 years

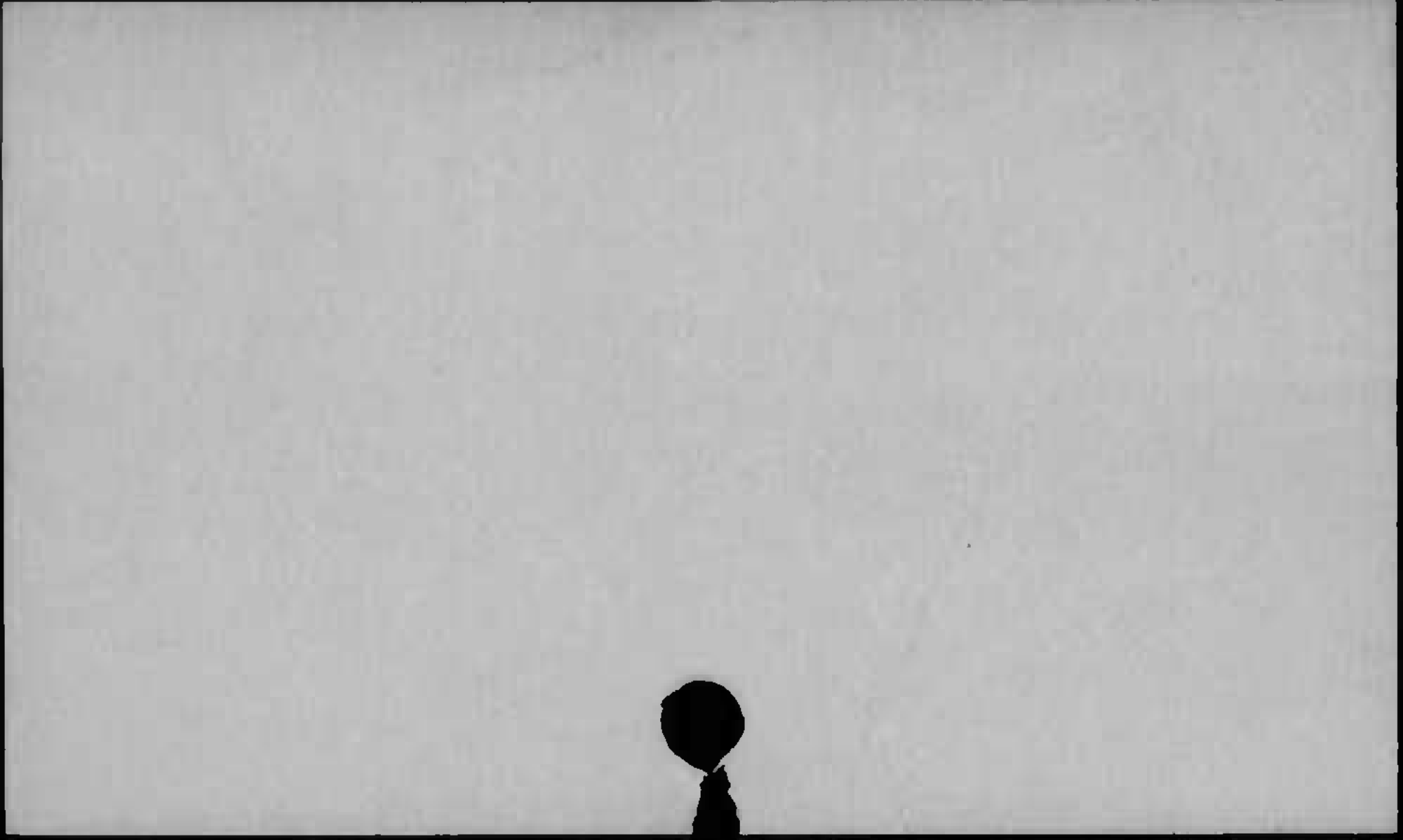
Immediate Exhaustion 22a ~~Accident, Suicide, Homicide~~

Reported by LaBruck M.D.

Address 17 E. 2nd St.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full Rosa Heffner

Certificate of Death

Died Near Point of Rocks Town County Frederick MARYLAND

Date 1899 Month March Day 12 Age Y. 1 M. 2 D. 3 ~~Native of~~ Md ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Edward Heffner

Mother's Name Annie Heffner

Cause of Death: Primary Influenza 9 — How long sick 4 Days

Immediate Acute Meningitis — Accident, Suicide, Homicide

Reported by Richard Walkins Trapnell M.D.

Address Point of Rocks Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Viola Hilderbrand

Certificate of Death

Died at Town Brunswick County Frederick Co MARYLAND

Date 1899 Month 3 Day 21 Age Y. M. D. 6-24 Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Jas Hilderbrand Mother's Name

Cause of Death Primary

Immediate Pneumonia 72

How long sick 3 days

Accident, Suicide, Homicide

Reported by Dr Fisk Elgin

Address Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Received 3-21-95

2 PM,

Name in Full — Certificate of Death

Lula Jenkins

Died at Brunswick (Town) Frederick (County) MARYLAND

Date 189 9 Month Mar Day 8 | Age Y. 23 M. D. | Native of American | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Chas House

Father's Name | Mother's Name

Cause of Death: Primary — Tuberculosis — How long sick 1 Year

Immediate — Heart failure — ~~Accident, Suicide, Homicide~~

220

Reported by A L Adkins MD

Address Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Received 3.7.99
7.30 PM

Name in Full — Certificate of Death

Annie Louise Keller.

Died at Town: Buckeystown — County: Frederick — MARYLAND

Date 1899 — Month: Mar — Day: 2 — Age: Y. 43. M. D. — Native of: Frederick Co Md — Occupation: House Keeper,

~~Male~~ — White — ~~Married~~ — ~~Widow~~ — ~~Colored~~

Female — ~~Colored~~ — Single — ~~Widowed~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Jonathan Keller — Mother's Name: Jane Louise Springer

Cause of Death — Primary: Gastric Ulcer. 80 — How long sick: Eleven wks.

Immediate: Anaemia.

Accident, Suicide, Homicide

Reported by: J. B. Johnson M.D.

Address: Adamstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full King

Certificate of Death

Died at Town Frederick County MARYLAND

Date 1899 Month 3 Day 20 Age Y. X M. X D. 3 Native of Md Occupation X

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife X

Father's Name J. S. King Mother's Name Ella King

Cause of Death Primary Premature (8 mo) How long sick 138 X

Immediate Atelectasis Pulmon ~~Accident, Suicide, Homicide~~

Reported by Franklin Buchanan Smith

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Tower

LIBRARY BUREAU, 65989

Interment at
Mt Olivet
Mar 21st
A. F. Victorious

Name in Full | Certificate of Death

Henry Lorentz

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: March Day: 31 | Age Y.: 86. M.: 11. D.: 12 | Native of: Maryland | Occupation: Broker

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~

Number of children living 7

Husband / Wife of

Father's Name | Mother's Name

Cause of Death: Primary Old age 74 | How long sick about one month

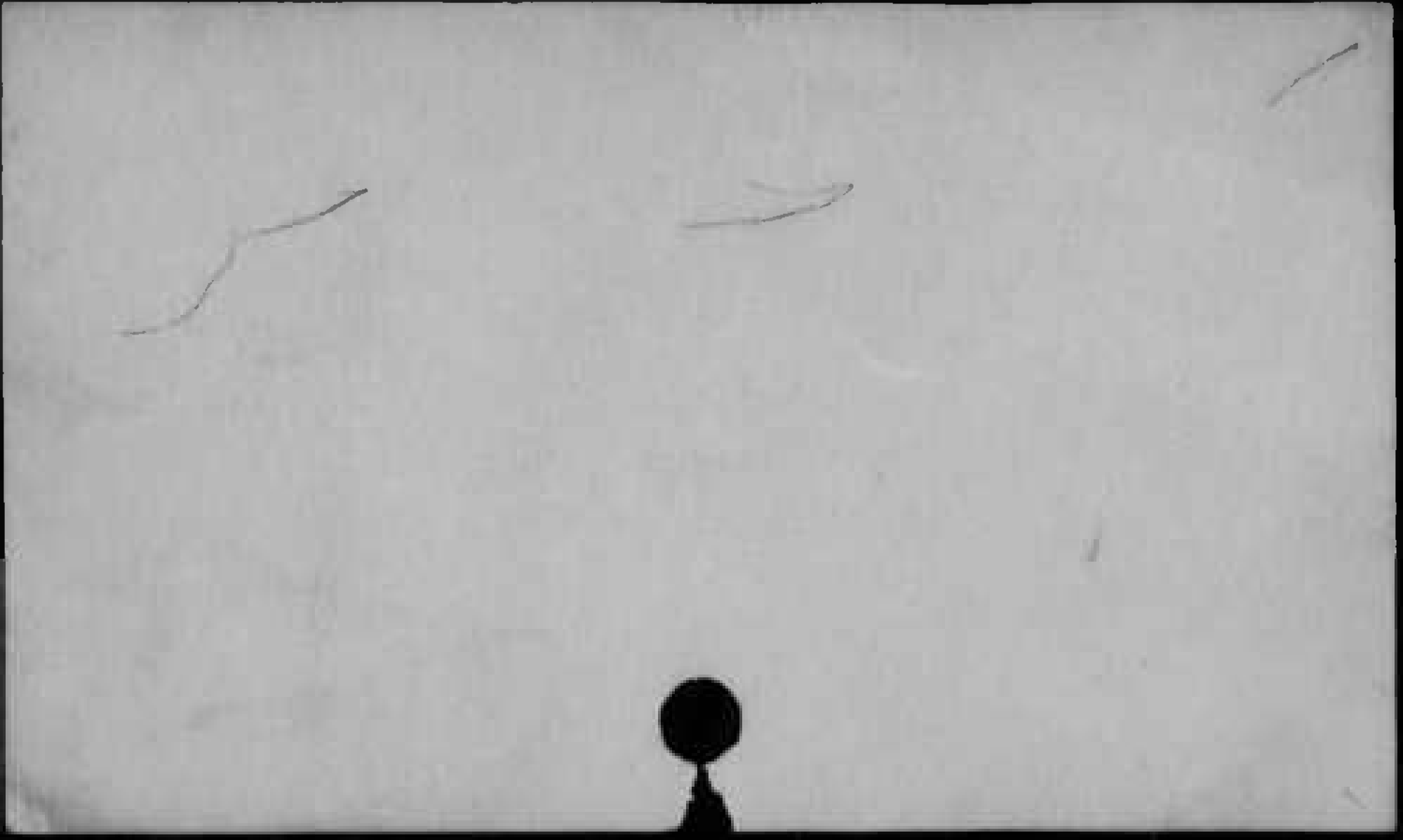
Immediate Congestion of Lungs | Accident, Suicide, Homicide

Reported by Wm H. Ballyle M D

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full Mrs. Lulu House

Certificate of Death

Died at Town County Frederick MARYLAND

Date 1899 Month 3 Day 8 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

~~Husband~~ Wife of Chas. N. House

Father's Name | Mother's Name

22a

Cause of Death: Primary Consumption | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Brunswick Herald

Address 3 7 8th

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. Luther Martin
M. E. Ch. (Brunswick) ?

Name in Full — Certificate of Death

Grace Ilene McDaniel

Died at Town: Mt. Pleasant. County: Frederick — MARYLAND

Date 189? Month: March Day: 8 | Age Y. 1 M. 4 D. 1 | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~

Father's Name: Milton McDaniel | Mother's Name: Jennie McDaniel Houck

Cause of Death — Primary: Peritonitis & Anemia | How long sick: 7 days

Immediate: Eclampsia 7 | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: J. H. Leib

Address: Mt. Pleasant Frederick Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Wm. J. Martin

Certificate of Death

Died at near Hoover's Mill (Town) Frederick (County) MARYLAND

Date 189 Month 3 Day 15 Age Y. 68 M. D. Native of Occupation

~~Male~~ Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of Wife

Father's Name Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by American Sentinel

Address 3-25

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Rev. J. M. Asper,

Lutheran Ch., Creagerstown

Name in Full — Certificate of Death

Abner Merryman

Died at — Town: Brookville — County: Frederick — MARYLAND

Date 1899 — Month: Mar. — Day: 1 — Age: Y. 84 M. D. — Native of: Md — Occupation: Labour

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living: 8

Husband / Wife of: Caroline Carlisle

Father's Name: Nicholas Merryman — Mother's Name: —

Cause of Death — Primary: Hemiplegia 42 — How long sick: 1 wk

Immediate — ~~Accident, Suicide, Homicide~~

Reported by: Levin Wish. Frederick Co

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Received 3.8.99
8.45 a.m

Name In Full — Certificate of Death

Infant Child Miller

Died at — Town: Deerfield — County: Frederick — MARYLAND

Date 1899 January — Month: — Day: 15 — Age: Y. 0 M. 5 D. 0 — Native of — Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife

Father's Name: John. Miller. — Mother's Name: Ettie Wagerman

Cause of Death — Primary: [illegible] 49 — How long sick: 4 days

Immediate: Pneumonia. Inward — ~~Accident, Suicide, Homicide~~

Reported by: F. Koogler

Address: Thurmont Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79878

Attended by Dr. None

of

Seen by Coroner —

of —

Information contained in this certificate received from John Fisher.

of Deerfield Mid

Name in Full

Certificate of Death

Chas. Henry Mitchell

Died at Town: Frederick County: 11 MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	3	5	X	7	X	md	X

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ | Divorced | Number of ~~children~~ living

Husband / Wife of X

Father's Name: William Mitchell

Mother's Name: Mary Mitchell

Cause of Death — Primary: Pneumonia 7 2 | How long sick: X

Immediate | Accident, Suicide, Homicide

Reported by Sarah S. Certificate signed by City Health Officer

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full William H. Mobley

Certificate of Death

Died at Town Frederick County " MARYLAND

Date 189 9 Month 3 Day 24 Age Y. 58 M. D. Native of Md Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband / Wife of Sarah Mobley

Father's Name Dennis Mobley Mother's Name Rachel Walker

Cause of Death Primary Paralysis of Heart How long sick X

Immediate 66 Accident, Suicide, Homicide

Reported by C. F. Goodell. M.D.

Address Frederick.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full — Certificate of Death

Molesworth

Died at Town: Frederick — County: " — MARYLAND

Date 189 9 — Month: 3 — Day: 17 — Age: Y. x M. x D. 2 — Native of: Md — Occupation:

Male — ~~Female~~ — White — ~~Colored~~ — ~~Married~~ — ~~Single~~ — Widow — ~~Widower~~ — ~~Divorced~~ — Number ~~of children~~ living

Husband / Wife of: x

Father's Name: Lue Molesworth

Mother's Name: Mollie Bruchey

Cause of Death — Primary: Unknown — How long sick: 161

Immediate — Accident, Suicide, Homicide:

Reported by: C. J. Goodell M.D.

Address: Frederick.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65062

Name in Full Elizabeth Munshower — Certificate of Death

Died at Town Frederick County — MARYLAND

Date 1899 Month 3 Day 18 Age Y. 65 M. 9 D. 24 Native of Md Occupation x

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Saml Munshower

Father's Name Dont Know Mother's Name Dont Know

Cause of Death Primary Phthisis Pulmonalis How long sick 2 yrs —

Immediate Asthma 22a Accident, Suicide, Homicide

Reported by Franklin Buchanan Smith

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

John Murdock

Town | County

Died at Frederick Frederick MARYLAND

Date 1899 Month March Day 16 | Age Y. 78 M. D. | Native of Md | Occupation Retired

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband ~~Wife~~ of Catherine Murdock

Father's Name Robt Murdock | Mother's Name Matilda Ridgley

Cause of Death: Primary Paralysis 44 | How long sick

Immediate Cardiac asthma | Accident, Suicide, Homicide

Reported by F. F. Smith

Address 40 East 2d St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Charles Mifflin O'Boyle

Died at Town: Point of Rocks — County: Frederick — MARYLAND

Date 1899 Month: March Day: 7 | Age Y.: 57 M.: D.: 6 | Native of: W. Va. | Occupation: Mail Service

~~Male~~ ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living: None

~~Husband of Wife~~

Father's Name: Daniel O'Boyle | Mother's Name: Louisa O'Boyle

Cause of Death — Primary: Erysipelas 125 — How long sick: 5 days

Immediate: Congestion of the Lungs — ~~Accident, Suicide, Homicide~~

Reported by: Richard Watkins Fagnell

Address: Point of Rocks Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85968

Name in Full — Certificate of Death

Son [illegible] of Casper Reifsnider

Died at Town: Emmitsburg County: Frederick MARYLAND

Date 189 9 Month mch Day 12 | Age Y. 1 M. D. | Native of Maryland | Occupation

Male / Female (~~Colored~~) | White | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name Casper Reifsnider | Mother's Name Virginia Fox

Cause of Death — Primary 161 | How long sick 1 week

Immediate | Accident, Suicide, Homicide

Reported by M. F. Shuff undertaker

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Jas. W. Eichelberger

of Emmitsburg Md

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full

Edgar Sheffer

Certificate of Death

Died at Town: Bolivar County: Fred. Co MARYLAND

Date 1899 Month: 3 Day: 20

Age Y. 10 M. D.

Native of: Fred Co

Occupation:

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Daniel Sheffer

Mother's Name: ? Derr

Cause of Death — Primary: "Grip" followed by

How long sick: 1½ mos.

Immediate: Cerebro-Spinal-meningitis

~~Accident, Suicide, Homicide~~

Reported by: Dr. L. L. Davis

Address: Boonsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Wm J Moek undertaker
middletown
m.k.

Name in Full John Smith

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 189 9 Month Nov Day 10 Age Y. 1 M. 2 D. 17 Native of Md Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower Divorced Number ~~of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Chas W. Smith Mother's Name Ella C. Nelson

Cause of Death: Primary Bronchopneumonia 7 1 — How long sick 1 week

Immediate

Accident, Suicide, Homicide

Reported by Lewis Nesh Frederick Co Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Received 3.10 99

7.20 P.M

Name In Full

Rhetta May Stambaugh

Certificate of Death

Died at Town Thurmont County Frederick MARYLAND

Date 1899 Month 3d Day 4 Age Y. 1 M. 11 D. 25 Native of County Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife ——

Father's Name Henry Stambaugh Mother's Name Lottie Miller

Cause of Death Primary Measles 5 How long sick 3 weeks

Immediate Capillary Bronchitis ~~Accident, Suicide, Homicide~~

Reported by Morris A. Birely M.D.

Address Thurmont Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. Morris H Birch
of Thurmont
Md

Seen by Coroner _____
of _____

Information contained in this certificate received from M. H. B
of _____

Name in Full

Certificate of Death

Charles-Earl Drury Troxell

Died at ~~near~~ Town Thurmont County Frederick MARYLAND

Date 1899 Month Mar Day 31 Age Y. M. D. Netive of Thurmont Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife —

Father's Name Charles J. Troxell Mother's Name Barton

Cause of Death Primery Bronchitis 69 How long sick 1 week

Immediate Capillary Bronchitis ~~Accident, Suicide, Homicide~~

Reported by E. C. Kefauver M.D.

Address Thurmont, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Stanislaus Waller

Certificate of Death

Died at Town: Mt. St. Mary's P.O. County: Frederick MARYLAND

Date 189 9 Month: March Day: 11 | Age Y. 73 M. 4 D. | Native of Maryland | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of ~~Wife~~ Mary R. Wickard

Father's Name: John Waller | Mother's Name:

Cause of Death — Primary: 57 | How long sick: No time

Immediate: Heart Disease suddenly | ~~Accident, Suicide, Homicide~~

Reported by M. F. Shuff Undertaker

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

86 7-19

Attended by Dr. J. C. Foxell

of Mr. St. Mary's P.O., Md.

Seen by Coroner _____

Information contained in this certificate received from _____

of _____

Name in Full | Certificate of Death

Mrs Mary J. Warthen.

Died at Town Frederick County Fred K Co. MARYLAND

Date 1899 Month Mch Day 7 Age Y. 66 M. D. Native of Fred K Co Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband / Wife of R. Warthen.

Father's Name × Stine Mother's Name ×

Cause of Death: Primary General Debility. 141 How long sick Year,

Immediate " " Accident, Suicide, Homicide

Reported by W. G. McCann

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full

Certificate of Death

Alice Hillard

Died at Town near Broad Run County Frederick MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
3	18					

Date 1899 Age

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Peter Hillard Mother's Name Mc

Cause of Death: Primary Complication of diseases — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Brunswick Herald 3-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70548

Name in Full — Certificate of Death

Ruth Rigg Zimmerman

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1899 — Month: Nov. — Day: 8 — Age: Y. 7 M. 2 D. 20 — Native of: Md. — Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — Widow / Widower — ~~Divorced~~

Number of children living

Husband of
Wife

Father's Name: Spencer G. H. Zimmerman

Mother's Name: Jessie M. Zimmerman

Cause of Death — Primary: Measles & Scarlet Fever (Complicated) — How long sick: 2 wks.

Immediate: Subsequently Diphtheria — 5

Accident, Suicide, Homicide

Reported by: Dr. S. S. Maynard

Address: 17 N. South St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968